



Public Health Committee
Testimony prepared by Dr. Alice Pritchard
March 12, 2010

Good morning. My name is Alice Pritchard and I am the Executive Director of the Connecticut Women's Education and Legal Fund (CWEALF). CWEALF is a statewide non-profit organization dedicated to empowering women, girls and their families to achieve equal opportunities in their personal and professional lives. I am testifying today on behalf of the Allied Health Workforce Policy Board on *RB 410 An Act Concerning An Initiative to Increase and Improve the State's Health Care Workforce*.

The Connecticut Allied Health Workforce Policy Board (AHWPB) was established in Public Act 04-220 (*An Act Concerning Allied Health Workforce Needs*) to conduct research and planning activities related to the allied health workforce. The Board began meeting in March 2005 and issued its first report to the legislature in February 2006. Throughout its tenure, the Board has met regularly to discuss current initiatives in allied health in the state, gaps in workforce data, issues related to educational programming, and recruitment and retention of the workforce, as well as researching and developing solutions to allied health workforce shortages.

The Board serves a key role in convening stakeholders who are conducting a variety of initiatives which are highlighted in the *Allied Health Workforce Policy Board's Annual Legislative Report*.

Through its deliberations, the AHWPB has identified a number of challenges that must be addressed in order to lessen workforce shortages in allied health and nursing. These challenges require collaboration and investments among a variety of stakeholders including state agencies, colleges and universities, labor unions and employers.

In addition, it is imperative in these difficult economic times that current investments in the state's education and workforce development agencies are ***maintained and targeted*** to high demand occupations such as health care that support Connecticut's long term competitiveness. Rather than the initiative suggested in RB 401, we offer our legislative recommendations from the 2010 report.

Recommendation 1: Develop a State Strategic Health Care Workforce Plan

Connecticut must develop a long term plan for the health care workforce outlining the needs of employers over the next ten years and the current, and predicted supply of skilled workers. The plan should identify the gap between demand and supply and the capacity of the state's colleges, universities and other training providers to educate the needed workforce. In addition, the plan should outline how the barriers to career advancement will be addressed to ensure state investments in training are efficient and effective. The AHWPB should lead this strategic planning process given its membership and five years of work. The AHWPB can help to centralize data sources including data available from the P-20 Council, Department of Public Health's licensure database as well as other sources.

The plan should include a broad range of health care occupations and build off of and incorporate other planning efforts that have taken place in the past such as the Hospital Task Force and the current planning under the Sustinet Board's Workforce task force. The report should also focus on the behavioral health workforce and the planning work being done by the CT Workforce Collaborative for Behavioral Health.

With this information, the AHWPB can set forth a plan that positions the legislature to make decisions related to both short and long term investments in the state's health care workforce and ensure that these disparate planning efforts are coordinated.

Recommendation 2: Provide Student Support Services & Academic Remediation

Sufficient studies and Connecticut pilot projects have shown that embedded tutoring, case management and academic counseling services directly impact student program completion. Most colleges and universities, as well as the technical high school system, have very limited funding for program-specific student services. Colleges should consider a variety of proven strategies to improve student success including shrinking class sizes to provide students with more instructional contact, streamlining developmental courses to allow students to focus on their learning gaps and accelerate their progress and supporting learning communities that provide for cohort development. We recommend that resources for these supports be included in future state appropriations for public educational institutions to ensure student success.

It is also recommended that the legislature authorize the use of state financial aid provided to the state's public and private colleges and universities for students who are pursuing non-credit certificate programs in our state's training programs. In particular, EMT and paramedic training and short-term programs in medical billing and coding and phlebotomy can help to address workforce shortages but no state funding is available for training in these short-term occupational areas that support the state's health care infrastructure.

Recommendation 3: Coordinate Statewide Allied Health Outreach Campaign

While many training programs exist within the State, some of those programs and careers, such as nuclear medical technologists or laboratory technicians, go virtually unnoticed by youth and adults. A coordinated, statewide outreach campaign designed with input from all stakeholders, including AHEC, the Nursing Career Center, One Stop Career Centers and the state's secondary and post-secondary institutions is recommended. The Health Care Advisors, working in the One Stop Career Centers provided orientations on health care careers for approximately 2,400 individuals between July 2008 and June 2009. This effort can be built upon and more closely coordinated with efforts by these other partners.

This campaign should include general marketing of nursing and allied health careers, training for teachers and guidance counselors, and information and career counseling for parents and students, particularly minority students, on career opportunities and the location of, and educational requirements for allied health programs. Current funding in each of these agencies' budgets can be leveraged to start this effort.

Recommendation 4: Invest In New Faculty

Nearly every Connecticut degree program within nursing and allied health is vulnerable to current, or anticipated, faculty shortages. Colleges and universities sought out 27 waivers for nursing faculty from the Nurse Board of Examiners in 2009. Where sufficient faculty exists, it is recognized that securing replacements will be difficult. It is therefore in the best interests of the state to create a proactive plan to develop instructor talent and provide the resources to prepare more professionals to become faculty members. One example is the Scholarship-for-Service model, which has been used successfully in government and the armed forces to produce employees for areas of need and financial resources have been available at Southern CT State University and the University of Connecticut for graduate students interested in becoming college faculty. Connecticut should provide Scholarship-for-Service opportunities for graduate level education to colleges and universities to support expansion of these new scholarship models. These resources will help the state meet its need for health care faculty and ensure we are able to continue training the future workforce.

Recommendation 5: Expand Allied Health and Nursing Programs

In order to meet the demand for health care professionals, the state must expand its program offerings at the secondary, post-secondary, and graduate degree levels. In addition, new training opportunities for students and faculty need to be developed in on-line and simulated formats to promote greater access to education programs. The faculty plan commissioned by the AHWPB in 2007 outlined a number of key areas in which program expansion is necessary to meet labor force demands. It is imperative that the faculty resources allocated in the 2010 budget to the state's colleges and universities be maintained to support the expansion of nursing and allied health programs to meet state workforce demands.

Recommendation 6: Support Employer-sponsored Training

Having employers offer education, especially basic skills classes to their own employees addresses several of the barriers (transportation, work and family obligations, the cost of training, difficulty locating courses) that entry-level workers, particularly recent immigrants, face in terms of accessing basic skills and language skills training. Employer-sponsored courses have the added benefit of enabling employers to develop curricula that focus on the specific skill development and language needs of workers in the health care industry. It is recommended that current state investments in summer youth employment be maintained to support the paid health care internships that have been developed statewide. Furthermore, the state must continue its current investment for incumbent worker training through the Department of Labor and Workforce Investment Boards in order to support the continued viability of hospitals, medical offices and laboratories, and long-term care facilities. During the 2008-2009 fiscal year, the WIBs spent approximately \$1.5 million providing individual training accounts to individuals training for health care professions. An additional \$300,000 was spent on incumbent worker training with \$445,000 contributed by employer partners.

The AHWPB has the track record to support these and other initiatives to address health care workforce shortages. In fact, in October 2009, the Office for Workforce Competitiveness (OWC) on behalf of the Allied Health Workforce Policy Board and state and local partners, submitted a request for \$4,997,851 to the United States Department of Labor for ARRA Health Sector funding to address many of the workforce shortages noted by the CT Department of Labor. The WISH Initiative design incorporates strategies and recommendations from the Allied Health Workforce Policy Board. The Initiative would reach nearly 9,000 participants of whom approximately 5,500 will engage in education and training activities; 4,474 will complete education/training; 3,500 will receive a degree/certificate; and 2,500 will enter unsubsidized employment. WISH serves as a national model for service delivery innovation and integration because of: a) unprecedented levels of partnership across diverse stakeholders; b) the level of service system coordination between work and school settings; c) the deliberate design to systematically replicate and expand best practices and model training/education programs; d) the purposeful approach to accelerate and retain participants in the health care talent pipeline; and e) the management model reinforces statewide and regional coordination to create maximum impact from finite resources. Unfortunately we were unsuccessful in securing a grant under this solicitation. However, these are the types of activities the state should be undertaking to improve the state's health care workforce.

I thank you for your time and am available to answer any questions or provide additional information. Copies of *Allied Health Workforce Policy Board's Annual Legislative Report* were sent to your offices in January. I have also attached the one page summary from the WISH grant for your information.

Connecticut Office for Workforce Competitiveness

ABSTRACT. The *Connecticut Office for Workforce Competitiveness* (OWC), the Governor's principal workforce development policy advisor and liaison with respect to federal, state and local workforce development matters (Connecticut General Statute 4-124w), requests \$4,997,851 in ARRA Health Sector funds to implement the *Connecticut Workforce Investment Strategies for Healthcare* (WISH) Initiative. The WISH leverages over \$6 million in additional support and addresses *healthcare industry* shortages and skill gaps *statewide*, and does not include any counties impacted by automotive-related restructuring. Priority target populations include *unemployed, underemployed, dislocated, disabled, veteran and incumbent workers*. WISH anticipates higher service delivery in Connecticut's more *diverse and densely populated urban centers* that experience higher rates of unemployment and poverty. The WISH Initiative design incorporates strategies and recommendations from *Connecticut's Allied Health Workforce Policy Board*, established in 2004 by the Connecticut Legislature to convene allied health industry stakeholders for the purpose of addressing the State's healthcare workforce shortages and skills gaps. WISH will reach nearly 9,000 participants of whom approximately 5,500 will engage in education and training activities; 4,474 will complete education/training; 3,500 will receive a degree/certificate; and 2,500 will enter unsubsidized (healthcare) employment. WISH serves as a *national model* for service delivery innovation and integration because of: a) *unprecedented levels of partnership* across diverse stakeholders; b) *the level of service system coordination* between work and school settings; c) *the deliberate design to systematically replicate and expand best practices and model training/education programs* (e.g., accelerated basic skills, apprenticeships, and on-site clinical certificates); d) *the purposeful approach to accelerate and retain participants* in the healthcare talent development pipeline, particularly the front-end that aligns with outcomes attainable in the three-year time period; and e) *the management model reinforces statewide and regional coordination* to create maximum impact from finite resources. WISH will use *existing participant/ service data collection protocols and financial reporting protocols* to track outcomes, report progress, and build sustainability. WISH will participate in a national evaluation.